

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045990

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11902

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

3536a Morganford Rd.

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

3536a Morganford Rd.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

AUGUST

Middle

M.

Last

SANDLER

4. DATE
OF
DEATH

Month

Dec.

Day

Year

1 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-30-1877

9. AGE (last birthday)

86

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundry Foreman (retired) St.

10b. KIND OF BUSINESS OR INDUSTRY

Mary Hosp. E. St. Louis, Ill.

11. BIRTHPLACE (City and state or country)

Perryville, Md.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Sandler

13b. MOTHER'S MAIDEN NAME

Anna Boxdorfer

14. NAME OF HUSBAND OR WIFE

Late Stella M. Sandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Clarence Sandler 7324 Nottingham Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN
ONSET AND DEATH

5 YRS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOSCLEROSIS GENERALIZED + Cerebral 5 YRS

DUE TO (c)

SENILITY

420.0

10 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PROSTATIC HYPERTROPHY UNDERNUTRITION

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6/23/58

to 12/1/63

and last saw him alive on 12/1/63

Death occurred at

1:50 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James L. Fox M.D.

22b. ADDRESS

2838 SO GRAND BLVD. St. Louis, Mo.

22c. DATE SIGNED

12/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

DEC 2 1963

26. REGISTRAR'S SIGNATURE

James L. Fox M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edwin A. McAlexander

Licensed Embalmer No.

3024

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.